



Industrial Louvers, Inc.  
 511 S. 7th Street  
 Delano, MN 55328

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 Fax: 763-972-2911

**PRODUCT & FINISH WARRANTY REQUEST FORM**

**PROJECT INFORMATION**

**Number of Copies Required**

Invoice #  ILL Job #  Warranty

Project Name:  As Builts Req.

Project Address:   
 O & M Manual

City:  State/Province:  Zip/Postal Code:

Spec Section:  Date of Substantial Completion:

**CONTRACTOR INFORMATION**

Contractor Name:

Address:

City:  State/Province:  Zip/Postal Code:

**OWNER INFORMATION - must be provided**

Owner Name:

Address:

City:  State/Province:  Zip/Postal Code:

**PRODUCT INFORMATION**

**Standard Warranty Period - 1 year**

or **\*Other Warranty Period (provide # of years)**

*\*Please provide copy of Spec*

(check all that apply)

Louvers  Sunshades  Column Covers

Grilles  Equipment Screens

**FINISH INFORMATION**

**Standard Kynar Warranty Period - 5 years**

or **\*Other Warranty Period (provide # of years)**

*\*Please provide copy of Spec*

Date Submitted

Form Submitted by:

Contact Phone #:  E-mail:

Mail to: Rep/Customer  Contractor:  Owner:

Please return form to Customer Service: [Kathleend@industriallouvers.com](mailto:Kathleend@industriallouvers.com)  
 or Fax to 763-972-2911